

FRONTLINE HEALTHCARE WORKERS

Strategies and Policies for Keeping
Your Facility Population Safe



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CHRISTOPHER
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ADOPT A CRISIS COMMAND CULTURE DURING THE CORONAVIRUS PANDEMIC

At health systems and hospitals, adopting a crisis command culture has operational benefits during the coronavirus pandemic, a pair of experts say.

Across the country, health systems and hospitals have established incident command centers to manage the challenges of the pandemic. At Northwell Health last spring, **incident command leadership** was a key element in the health system's response to the hottest hot spot in the first coronavirus patient surge.

The crucial aspect of crisis command culture is the ability to make good decisions quickly, says Stephanie Mercado, CEO and executive director of the National Association for Healthcare Quality in Chicago.

“Decisions in healthcare—especially those related to any type of policy or procedure—have often been decided by committee and consensus with long timelines. Before the pandemic, it could take months or years to change a policy.

The pandemic has shown everyone in healthcare that they need to be more flexible. They need to be more agile. Good decisions can be made on a much shorter timeline than what was previously thought,” she says.

With a crisis command culture, it is possible to make good decisions on policies without putting them through a lengthy process of review and editing by multiple committees, says Nidia Williams, PhD, vice president of quality and safety at Providence, Rhode Island–based Lifespan. The health system operates several hospitals including an academic medical center and has about 17,000 employees.

“We cannot give people editing power after most people who are the key stakeholders have already said a policy is ready to go. We must streamline the decision-making process for policies. Now, we have policies that would have taken weeks if not months to approve that can be approved in hours. It is possible to approve policies in hours and still do it well. We can get more done faster—that is the lesson from crisis command culture,” Williams says.

Rapid cycle improvement is an important aspect of crisis command culture decision-making, Mercado says. “We must make a decision at a point in time, but it does not have to be something decided upon forever more. Rapid cycle improvement tells us that we can go back and reevaluate decisions that were made when we have new information or circumstantial change, so we can improve decisions.”

Trust and attitude are indispensable ingredients in rapid decision-making for frontline healthcare workers, Williams says. “A lot of it comes from trust that you have the right people playing the right roles in making decisions. It is also attitudinal. We tell ourselves we do not have the luxury of time. We do have the luxury of having everyone’s talent. We have learned that we can do the best that we can, and it can be enough so that you are not waiting for perfect before you do what you have to do.

Capitalizing on talent

In addition to rapid decision-making, a pivotal part of crisis command culture is elevating talent over hierarchy in filling key roles in incident command centers, Williams says. “The secret sauce is having the right people with the right training.”

At Lifespan and other health systems, quality and safety staff are well-suited for leadership positions in incident command centers, she says.

“I am the patient safety officer at the health system. I started out as the incident commander and planning section chief at the health system–level incident command center in March. My direct superior, who is the executive vice president of quality and safety, is the person who co-led the opening of our alternative hospital site at the Rhode Island Convention Center. Now, the planning section chief at our academic medical center—Rhode Island Hospital—is my quality and safety director. We are playing important roles,” Williams says.

Quality and patient safety staff have the appropriate training and experience to succeed in incident command centers, she says. “We have to document and archive our decisions over time. In addition, some of our analysts for quality and safety are most uniquely suited for not only documentation and archiving but also the analysis and reporting of our COVID-19 data both internally and externally.”

The skill sets of quality and patient safety staff are an excellent fit in incident command centers, Mercado says.

“The skills and competencies that those individuals have are very well-suited to provide systems, processes, and structure and order to an otherwise chaotic situation. Quality professionals do this kind of work all day, every day in their ordinary jobs; but when it comes to the pandemic, they are contributing on an order of magnitude.”

Assigning quality and patient safety staff to top incident command center roles is an example of elevating skill sets over hierarchy in a crisis command culture, Williams says.

“Most of the C-suite does not take on command center structure roles—even at the affiliate hospitals. At our academic medical center’s incident command center, the section planning chief is the director of clinical excellence and patient experience. So, she is a quality and safety professional first and foremost, but she has a key crisis command center role at our biggest hospital,” she says.

Incident command center metrics

During the pandemic, a primary metric for incident command centers is whether they are reporting COVID-19 data to state and federal agencies on a timely basis, Williams says.

“That data is important because if you miss a day or a series of days, your CEOs and presidents and other top executives will get an email that the reporting has not been submitted. This reporting is tied to our reimbursement from the Federal Emergency Management Agency and the Cares Act, for example,” she says.

For health systems and hospitals, the reporting requirements related to the pandemic include the following data sets:

- How many coronavirus-positive patients are in hospitals
- How many people have tested positive for the coronavirus
- How many people have been given a coronavirus test
- How many coronavirus patients are in ICU beds
- How many coronavirus patients are in medical beds
- Critical staffing shortages in hospitals



There is significant reporting about COVID-19, the population Lifespan is serving, and the health system's resources, Williams says.

"There are personal protective equipment numbers such as how many masks you have and how many gowns you have. We must report how many beds we have available to reflect our capacity. When you turn on the news at night, and they tell you how many people tested positive that day or the positivity rate that day, that information is coming from individual organizations like ours submitting data every day," she says.

Christopher Cheney is the senior clinical care editor at HealthLeaders.





LINDA POTTS, RN

THREE PEARLS OF WISDOM FROM THE FIRST COVID-19 SURGE

Tufts Medical Center (Tufts) saw its first COVID-19 case in early March 2020. As the associate chief nursing officer of clinical informatics, I have insight into many different departments across this 415-bed hospital in downtown Boston. Observations in various departments during the COVID-19 surge lead me to some pearls of wisdom. My hope in sharing these is that my experiences will benefit others in their response to the next pandemic or emergency.

Tufts has been using Vocera technology since 2014. The Vocera smartphone app is used enterprise-wide by our physicians, nurses, and leadership. The wearable Vocera Badge is primarily used in our operating room, labor and delivery, and some medical surgical units. We recently noticed additional opportunities to leverage the Vocera Platform.



Pearl 1: Baby Monitors Need Monitoring

The COVID-19 crisis hit us fast, and we had to move overflow COVID-19 patients into isolation rooms located in an area of our hospital that did not normally care for intensive care unit (ICU) patients. We needed a way to facilitate communication between clinicians and/or patients in isolation rooms, and clinicians working outside of those rooms.

We experimented with setting up baby monitors inside the isolation rooms, but quickly learned that baby monitors require continuous monitoring. A clinician outside an isolation room had to constantly watch the baby monitor for a potential request from the patient or care team member inside the isolation room. If that clinician needed to step away, the care team member inside the room would have to wave, knock, or use the patient call light system to get someone's attention. If no one observed the call for help, the team member in isolation had to exit the room and doff personal protective equipment (PPE) to find assistance – wasting PPE and risking self-contamination.

Improving Safety for Frontline Healthcare Workers with Effective Clinical Communication

Effective communication is the backbone of patient care, safety and operational efficiency. It requires a system that brings together not only people, but also systems and information. It needs to work seamlessly, and adapt and scale rapidly.

A hands-free, voice-controlled communication solution allows frontline healthcare workers to communicate safely and securely while wearing personal protective equipment (PPE).

Many Vocera customers, including Tufts Medical Center and Saratoga Hospital, have provided insight on their experience using Vocera solutions during the pandemic.

“We have found the Vocera Badge to be the safest and most efficient means to communicate under PPE and in isolation. The technology helps frontline staff at Tufts save time, preserve PPE, and avoid self-contamination.” – Linda Potts, RN, Associate Chief Nursing Officer at Tufts Medical Center

Learn more at www.vocera.com/frontline.

Pearl 2: There is a Safe, Efficient Way to Communicate in Isolation Rooms

Clinicians working inside and outside our isolation rooms trialed the Vocera Badge. The nurse inside the isolation room wore the Badge under PPE, which allowed them to safely communicate with the care team outside of isolation even if they had no direct line of visibility. The nurse inside the isolation room no longer needed to leave the room and doff PPE to request assistance or additional tools.

The Badge eliminated the need to knock on windows, jot down requests and questions on white boards, or stick paper notes to windows to communicate with support staff outside the isolation room. We have found the Badge to be the safest and most efficient means to communicate under PPE and in isolation. The technology helps frontline staff at Tufts save time, preserve PPE, and avoid self-contamination.

Pearl 3: Standardize Communication Technology

While we heavily rely on Vocera technology at our hospital, there were pockets of clinicians who were not trained to use the Vocera Badge when COVID-19 hit. We had to redeploy many clinicians to support our COVID-19 units, and some were not familiar with how the device worked and how easy it is to use.

Bringing clinicians into care environments that are new to them can be a stressful experience, especially as they respond to a patient surge associated with a pandemic. Providing care in an unfamiliar setting can affect the normal ease of clinical workflows and communication – cognitive load and emotional burden can become even higher.

If all care team members are trained on and comfortable with the same communication technology, we can help ease the burden of having to learn new ways of communicating when clinicians are shifted into new care delivery environments. Delivering the best care and following the right protocols is what our clinicians want to focus on – the last thing we want them worrying about is how to safely communicate.

Training clinicians to use the Vocera Badge is easy. However, teaching anyone to use a new technology during a pandemic surge is just not realistic. Tufts is committed to training staff to use the Badge, which has improved communication and is building confidence for communication challenges that may arise during future patient surges.

As other organizations prepare for a potential patient surge, I recommend giving all clinicians a common tool, like the Vocera Badge. It will help staff communicate safely and efficiently. Now is the time for nurses to innovate and embrace technology as we face new healthcare challenges.

Linda Potts, RN, is the associate chief nursing officer at Tufts Medical Center.



JAY KUMAR

IHI CEO EMPHASIZES NEED FOR ‘CURB CUT SOLUTIONS’ TO PATIENT SAFETY ISSUES

In his keynote address at the **Institute for Healthcare Improvement (IHI) Forum**, IHI CEO Kedar Mate, MD, urged attendees to look for patient safety solutions that not only help marginalized populations but benefit the public at large.

The conference, which normally takes place in Orlando, is being held virtually this year. Mate, who was named the organization’s CEO in June, said the search for ways to build a better healthcare system should embrace the concept of targeted universalism, which is an inclusive way to implement interventions. A prime example of targeted universalism is the curb cut, which was initially created to provide public streets accessible to wheelchair users, but now benefits a wide variety of people for various reasons.

“Targeted universalism seems ready made for today’s moment and today’s challenges,” Mate said. Other examples include seatbelts, which originally created for children; smoking laws, which were enacted to help flight attendants on airplanes; and closed captioning, which was designed to help the hearing impaired.

“In fact, by focusing on the most marginalized and excluded, we just might create a system that is better for all of us,” he noted.

The spirit of collaboration needs to be encouraged, said Mate.

“Our societies are becoming increasingly polarized, and this polarization is obscuring the value of collaboration, when the present global moment that we are in demands exactly that,” he said. “It has reduced decision making to either/or constructs where someone has to lose instead of seeing the opposite that might be present in both/and solutions...Consider the curb cut as a way of seeing through that polarization.”

An important challenge for the healthcare industry is to create a more equitable health system, Mate said.

Organizations should take the following steps to ensure health equity:

- Make health equity a strategic priority
- Build infrastructure to support health equity
- Address the multiple determinants of health
- Eliminate racism and other forms of oppression
- Partner with the community to improve health equity



IHI launched a collaboration called Age-Friendly Health Systems that developed a framework called the “4 Ms” to create age-friendly health systems:

- Knowing and understanding what **MATTERS** to older adults
- Improving **MEDICATION** use
- Increasing **MOBILITY**
- Improving **MENTATION** (i.e., preventing, identifying, treating, and managing dementia, depression, and delirium)

“These interventions have had profound effects on older adults, reductions in polypharmacy, delirium incidents, and length of stay for our oldest adults,” Mate said. “Meaning less time to de-condition and more time at home with family and friends.”

In 2017, the IHI set the goal of having 1,000 health systems adopt age-friendly initiatives. Mate said as of this week, 1,195 care locations are recognized as age-friendly health systems. In addition, Providence Health added a fifth “M,” malnutrition, which had the added benefit of helping all patients, not just the elderly ones, he said.

“In healthcare, ignoring the disadvantaged and the systems that perpetuate these disadvantages will not only in the health of individuals but in the health of entire nations,” Mate noted. “We are living this now with COVID-19.”

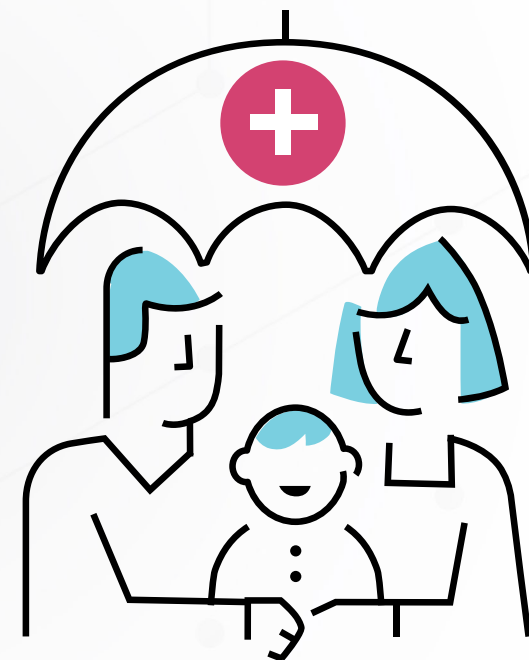
Mate listed several “curb cuts for a better world” that he would like to see implemented:

- Address the inequities right from the start.
- Invest in public health.
- Fix our long-term care environments.
“Our nursing homes need our support right now, not our mistrust and suspicions.”
- “De-carcerate” by reducing the prison population where possible.
- Expand community health.
- Improve prison health.

To find their own curb cuts, Mate said health organizations need to name their universal goals, pick a measure that’s important to them and stratify their data, and help frontline healthcare workers stay physically and psychologically safe.

“We need ‘psychological PPE’ to promote mental health and well-being,” he added.

Jay Kumar is editor-in-chief of PSQH.



EMPOWERING THE FRONTLINES

in the fight against
infection

Vocera hands-free, voice-controlled solutions are used under PPE to help team members stay **safe, connected** and **improve patient care**. Reach **people instantly** without needing to know names, numbers, or who's on call.

Frontline healthcare workers wear devices like the **Vocera Smartbadge**, to **communicate safely and efficiently**.



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Smartbadge



See how it works. Visit www.vocera.com

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BENJAMIN KANTER
MD, FCCP

PROTECTING STAFF, PROTECTING PATIENTS

Nurses, physicians and other care team members contend with infectious diseases on a daily basis. The COVID-19 pandemic has put a spotlight on this issue and the need to protect these frontline healthcare workers. There is also a heightened need to connect all the people providing care to optimize clinical workflows and patient throughput. Without effective communication, patients cannot be moved through a hospital quickly and safely. And yet with a highly infectious virus, the simple act of communicating using conventional tools can put care providers at risk.

Caregivers Shouldn't Risk Contamination for Communication

Patients being treated for an infectious disease are subject to various transmission-based precautions: droplet, airborne, contact, etc. As a nurse wearing personal protective equipment (PPE), if you're with a patient behind closed doors and you have an urgent need to contact someone, you're in a tough position.

The room might have an intercom – but if your hands are busy with the patient, you have to interrupt your workflow to communicate. If the room doesn't have an intercom, you need to leave the patient's bedside, go to the anteroom between the patient room and the hallway, remove your PPE, then go out and ask for help or pick up a phone.

Every time you take on and off your PPE, there is a chance you're going to contaminate yourself; the less you have to do that, the better off you are.

If you have access to a clear, secure communication channel hands-free underneath the PPE, then you are truly safer; and in turn, the quality of patient care is enhanced. Here is where a Vocera Smartbadge or Badge worn under PPE becomes so valuable, whether you're working in a triage tent, in the ICU, or in an isolation room.

Whenever you are in a situation where your hands are occupied or you've donned protective gear and you need to communicate, Vocera wearable devices are ideal. You can reach people instantly without needing to know names, numbers, or who is on call.

Optimizing Throughput and Capacity

Effective communication is essential for optimizing throughput and capacity, which are key to managing patient surges. A hospital must be able to move patients through the continuum of care quickly and safely.

The number of isolation rooms is limited, and when those rooms are occupied, a bottleneck forms. That is why, whether a patient tests positive or negative for COVID-19, it is equally important that the assigned nurse and the infection prevention specialist are notified immediately. A patient who tests negative can be moved out of isolation to make the room available for another patient.

A hospital that doesn't have its communication and clinical systems integrated faces the challenge of test results being routed to the electronic health record (EHR) and stagnating there. The nurse and the infection prevention specialist must repeatedly pour over the electronic records or query the lab to see if results are available. It is a barrier to throughput, and it creates an unnecessary burden for care team members.

With the Vocera Platform, filtered, prioritized notifications such as an alert about a patient's COVID-19 test results can be pushed from the EHR to the right care team member's mobile device – whether it's a hands-free wearable, or a smartphone running the Vocera app. Intelligently pushing notifications is another way Vocera technology helps reduce the toil and stress for care teams.

We Are Here for You

Vocera support teams are located around the globe to help customers through emergency situations by providing remote and onsite services. Find contact information at our support portal. You can also visit our COVID-19 resource page for information on infection control and best practices for protecting and connecting frontline healthcare workers and patients.

Benjamin Kanter, MD, FCCP, is the chief medical information officer at Vocera.

ABOUT THE SPONSOR



The mission of Vocera Communications, Inc. is to simplify and improve the lives of healthcare professionals, patients, and families while enabling hospitals to enhance quality of care and operational efficiency and humanize the healthcare experience. In 2000, when the company was founded, we began to forever change the way care teams communicate. Today, Vocera offers the leading platform for improving clinical communication and workflow. More than 2,100 facilities worldwide, including nearly 1,700 hospitals and healthcare facilities, have selected our solutions. Care team members use our solutions to communicate and collaborate with co-workers by securely texting or calling, and to be notified of important alerts and alarms. They can choose the right device for their role or task, including smartphones or

our hands-free, wearable Vocera Smartbadge and Vocera Badge. They can create a richer, more human connection for patients and their loved ones before, during, and after care using Vocera Ease applications. Interoperability between the Vocera Platform and more than 150 clinical and operational systems helps reduce alarm fatigue; speed up staff response times; and improve patient care, safety, and experience. In addition to healthcare, Vocera solutions are found in luxury hotels, aged care facilities, retail stores, schools, power facilities, libraries, and more. Vocera solutions make mobile workers safer and more effective by enabling them to connect instantly with other people and access resources or information quickly. Vocera has made the list of Forbes 100 Most Trustworthy Companies in America, and the Vocera Smartbadge was named to TIME's list of the 100 Best Inventions of 2020. Learn more at www.vocera.com, and follow [@VoceraComm](https://twitter.com/VoceraComm) and [@VoceraEase](https://twitter.com/VoceraEase) on Twitter.



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